



The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

**Application for Certificate of Competency to be a Horse Carriage Driver as provided by
M.G.L. c. 22, & 20 of the General Laws**

**Return this application with a check in the amount of \$50.00 payable to:
The Department of Public Safety, One Ashburton Place, Rm 1301, Boston, MA 02108-1618**

I, the undersigned, hereby make application for a Certificate of Competency to be a Horse Carriage Driver.

Name: _____ SS# _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Place of Birth: _____ Height: ____ ft. ____ in.

Name and Address of Employer: _____

State full title of occupation: _____

Have you ever been examined for Certificate for Competency to be a Horse Carriage Driver?

Yes _____ No _____ If yes, state month and year: _____

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to by best knowledge and belief I have filed all State Tax Returns and paid all State Taxes required under Law.

Signature of Applicant

Date

Do not write below this line

APPLICANT MUST SIGN FULL NAME HERE, IN THE PRESENCE OF THE INSPECTOR WHO ADMINISTERS THE OATH.

Signature of Applicant

Date

Commonwealth of Massachusetts, _____ County

Then personally appeared the above name applicant and made oath that the statements contained in this application and subscribed by him/her are true, this _____ day of _____ in the year _____

Before me, _____ District Engineering Inspector.

Examined by inspector _____ Result _____

Date of Examination _____ Expiration Date _____ Certificate # _____

My total expireience in Horse Carriage Driver is as follows:

Length of Service	
Years	Months

Name of Employer	Location of Employment

Signature of Applicant

Indorsee: It is mandatory that this application be endorsed by a person holding a Certificate of Conpetency to be a Horse Carriage Driver.

I hereby certify that _____ is a well known to me and
(Name of Applicant)
that to my knowledge he/she has the necessary operating time required by law, and that he /she is a person of good character and ability.

Name: _____

Address: _____

Current Certificate of Copetency License Number: _____

Note: **THE LICENSE OF AN INDORSEE MAKING WILLFUL FALSIFICATION SHALL BE SUSPENDED OR REVOKED. DISTRICT ENGINEERING INSPECTORS OF THE DEPARTMENT OF PUBLUIC SAFETY SHALL NOT INDORSE APPLICATIONS, EXCEPT WHEN APPLYING THE OATH WHEN THE APPLICANT IS BEING EXAMINED.**